EV 054695266 US



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In 1 | re A | App] | lication | for: | |
|------|------|------|----------|------|--|
|------|------|------|----------|------|--|

*12

Susan Schiavi et al.

Examiner: Not Yet Assigned

Serial No.: 09/909,775

Group Art Unit: 1646

Filing Date: July 19, 2001

For: PHOSPHATONIN-RELATED GENE AND METHODS OF USE THEREOF

Commissioner for Patents Washington, D.C. 20231

PETITION AND FEE FOR EXTENSION OF TIME

(37 C.F.R. § 1.136(a))

Sir:

Pursuant to 37 C.F.R. § 1.136(a), Applicant hereby petitions for a <u>5</u> month extension of time to respond to the Notice of Incomplete Reply mailed on March 19, 2002.

- 1. The communication in connection with the matter for which this extension is requested
 - a. X is filed herewith; or
 - b. has been filed on
- 2. Applicant(s) claim Small Entity Status under 37 CFR § 1.27.
- 3. The following fees are submitted:

| | | TOTAL MONTHS REQUESTED | OTHER THAN SMALL ENTITY | SMALL ENTITY | CALCULATIONS |
|------------------|------|---|----------------------------|--------------|--------------|
| | a. 🔲 | one month | \$11000 | \$55.00 | \$ |
| | b | two month | \$400.00 | \$200.00 | \$ |
| Ī | с. 🔲 | three month | \$920.00 | \$460.00 | \$ |
| Ī | d | four month | \$1,440.00 | \$720.00 | \$ |
| | e. 🛛 | five month | \$1,960.00 | \$980.00 | \$1960.00 |
| | f. 🛛 | An extension for 4 mont identified communication from the total fee due for fee for this extension (\$15 equals \$520.00 (total fee | -\$1,440.00 | | |
| 1/2002 C:128 | | 0000109 501189 - 09909775 - .00 СН | | TOTAL FEES = | \$520.00 |

| \boxtimes | Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered. | | | | |
|-------------|---|--|--|--|--|
| | A check in the amount of \$ to cover the above fees is enclosed. | | | | |
| \boxtimes | Please charge Deposit Account No. 50-1189, Docket No. 19442-7201, in the amount | | | | |
| | of \$ to cover the above-fees. A duplicate copy of this sheet is enclosed. | | | | |
| | The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, Billing Ref. No. 19442-7201. A duplicate copy of this sheet is enclosed. | | | | |
| DATE: | April 8, 2002 Respectfully submitted, By: Carol-M. Gruppi Registration No.: 37,341 | | | | |

Antoinette F. Konski Registration No.: 34,202

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